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## \*BIBDATASHEET\*

CONFIRMATION NO. 3475

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/032,225	<b>FILING OR 371(c) DATE</b> 12/18/2001 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> LOMAU.142A
<b>APPLICANTS</b> Wolff M. Kirsch, Redlands, CA; Yong Hua Zhu, Redland, CA; Cindy Dickson, Mentone, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/306,572 07/19/2001 and claims benefit of 60/308,993 07/31/2001 and claims benefit of 60/337,662 11/07/2001 and claims benefit of 60/341,598 12/17/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/21/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 20 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 20995				
<b>TITLE</b> ADHESIVE INCLUDING MEDICAMENT AND DEVICE AND METHOD FOR APPLYING SAME				
<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	